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**APPLICANTS**  
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**\*\* CONTINUING DATA \*\*\*\*\***  
 This application is a DIV of 09/648,257 08/25/2000 PAT 6,740,331

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**\*\* IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* \*\* SMALL ENTITY \*\***  
 06/22/2004

Foreign Priority claimed 35 USC 119(a-d) conditions met Verified and /LAURA A BOUCHELLE/ Acknowledged Examiner's Signature	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes <input type="checkbox"/> No  Initials	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY WV	SHEETS DRAWINGS 7	TOTAL CLAIMS 8	INDEPENDENT CLAIMS 1
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**TITLE**  
 Apparatus for the delivery of drugs or gene therapy into a patient's vasculature and methods of use

<b>FILING FEE RECEIVED</b> 678	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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